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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000002113**

1. Corporation Name

DARVILLE'S PRESCHOOL: AN EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1143 LAKE BREEZE DRIVE WELLINGTON FL 33414	1143 LAKE BREEZE DRIVE WELLINGTON FL 33414

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22): 4695 Dyson Cir. N.
City & State (23): West Palm Beach, FL
Zip (24): 33415 Country (25): USA

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 04/15/1997

4. FEI Number: 65-0744670 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

(81) Name
(82) Street Address (P.O. Box Number is Not Acceptable)
(83)
(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director	☐ Change ☑ Addition
NAME	DARVILLE, SABRENA M		1.2 NAME	Charles Johnson	
STREET ADDRESS	1143 LAKE BREEZE DRIVE		1.3 STREET ADDRESS	1280 Lake Breeze Dr	
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	SD	☐ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	JOHNSON, MARY		2.2 NAME	Steve Jackson	
STREET ADDRESS	~~1143 LAKE BREEZE DRIVE~~ 1280 Lake Breeze Dr		2.3 STREET ADDRESS	1025 Grandview Cir.	
CITY-ST-ZIP	WELLINGTON FL 33414		2.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	TD	☐ DELETE	3.1 TITLE	Director	☐ Change ☑ Addition
NAME	DARVILLE, CALVIN		3.2 NAME	Brenda Lensey	
STREET ADDRESS	1143 LAKE BREEZE DRIVE		3.3 STREET ADDRESS	5711 Upland Way	
CITY-ST-ZIP	WELLINGTON FL 33414		3.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sabrena Darville 2/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #